

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	7-SUBSTITUTED CAMPTOTHECIN AND CAMPTOTHECIN ANALOGS AND METHODS FOR PRODUCING THE SAME
Attorney Docket Number::	195805US
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Total Drawing Sheets::	0
Small Entity?::	NO
Petition Included?::	YES
Petition Type::	37 C.F.R. 1.102 ( c )
Secrecy Order in Parent Appl.?::	NO

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	U.S.A.
Status::	FULL CAPACITY
Given Name::	Mansukh
Middle Name::	C.
Family Name::	WANI
City of Residence::	Durham
State or Province of Residence::	North Carolina
Country of Residence::	U.S.A.
Street of Mailing Address::	2801 Legion Avenue
City of Mailing Address::	Durham
State or Province of Mailing Address::	North Carolina
Country of Mailing Address::	U.S.A.
Postal or Zip Code of Mailing Address::	27707

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: U.S.A.  
Status:: FULL CAPACITY  
Given Name:: Govindarajan  
Family Name:: MANIKUMAR  
City of Residence:: Raleigh  
State or Province of Residence:: North Carolina  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 8008 Selfridge Court  
City of Mailing Address:: Raleigh  
State or Province of Mailing Address:: North Carolina  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 27615

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: U.S.A.  
Status:: DECEASED INVENTOR  
Given Name:: Monroe  
Middle Name:: E.  
Family Name:: Wall  
City of Residence:: Portland  
State or Province of Residence:: Oregon  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 4039 S.W. Council Crest  
City of Mailing Address:: Portland  
State or Province of Mailing Address:: Oregon  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 97201

Applicant Authority Type:: LEGAL REPRESENTATIVE  
Primary Citizenship Country:: U.S.A.  
Status:: FULL CAPACITY  
Given Name:: Michael  
Middle Name:: A.  
Family Name:: Wall  
City of Residence:: Portland  
State or Province of Residence:: Oregon  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 4039 S.W. Council Crest  
City of Mailing Address:: Portland  
State or Province of Mailing Address:: Oregon  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 97201

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### ASSIGNMENT INFORMATION

Assignee Name:: Research Triangle Insitute  
Street of Mailing Address:: P.O. Box 12194  
City of Mailing Address:: Research Triangle Park  
State or Province of Mailing Address:: NORTH CAROLINA  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 27709